

PATENT APPLICATION TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

[X] "Express Mail" mailing label number ET691282702US. Date of Deposit December 9, 2003. I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Regina F. Anginoli
(Typed or printed name of person mailing paper or fee)

Case Docket No. 2003L008*Regina F. Anginoli*
Signature of person mailing paper or fee

22154 U.S. PTO
10/7/31800



Transmitted herewith for filing is the patent application of

Inventor: Raymond F. WATTS, Keith R. GORDA
For: Power Transmission Fluids with Improved Friction Characteristics

Enclosed are:

[X] Specification and Claims with Declaration;
 [] Specification and Claims without Declaration;
 [] _____ sheets of informal drawings;
 [] _____ sheets of formal drawings;
 [] An assignment of the invention to _____;
 [] The certified copy of a priority application;
 [X] Information Disclosure Statement, Form - 1449;
 [X] Copies of citations as listed on attached Form - 1449;
 [] Preliminary Amendment;
 [X] Address all future communications to: Infineum USA L.P.
Law Department
1900 East Linden Avenue
P. O. Box 710
Linden, New Jersey 07036-0710
 [] Priority of application Serial No. _____ Filed on _____
 in _____ is claimed under 35 USC 119.
 (Country)
 [X] The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$770.00
Total Claims	8 - 20 =	0	x \$18.00	0.00
Independent Claims	1 - 3 =	0	x \$86.00	0.00
Multiple Dependent Claim Fee			\$290.00	0.00
TOTAL FILING FEE				770.00

[X] Please charge my Deposit Account No. 05-1710 in the amount of \$ 770.00.
 [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 05-1710. A duplicate copy of this Form is enclosed.

December 9, 2003

Date of Signature

 Attorney or Agent

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(For Internal Use Only: Job No. 813,851)

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